

The operator of every recreational vessel is required by Section 656 of the Harbors and Navigation Code to file a written report whenever a boating accident occurs which results in death, disappearance, injury that requires medical attention beyond first aid, total property damage in excess of \$500, or complete loss of a vessel. Reports must be submitted within 48 hours in case of death occurring within 24 hours of an accident, disappearance, or injury beyond first aid. All other reports must be submitted within 10 days of the accident. Reports are to be submitted to the California Department of Boating and Waterways at 2000 Evergreen Street, Suite 100, Sacramento, California 95815-3888, (916) 263-8189. Failure to submit this report as required is a misdemeanor and is punishable by a fine not to exceed \$1000 or imprisonment not to exceed 6 months or both.

|   |        |  |  |   |               |             |                   |  |
|---|--------|--|--|---|---------------|-------------|-------------------|--|
| DATE OF ACCIDENT (M/D/Y)<br><div></div> |        | TIME OF ACCIDENT<br><div><input type="checkbox"/> AM<br/><input type="checkbox"/> PM</div> |  | COUNTY  | BODY OF WATER |             | LOCATION ON WATER |  |
| # INJURED                               | # DEAD | TOTAL \$\$   |  | LAW ENFORCEMENT ON ACCIDENT SCENE?<br><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> |               | AGENCY NAME |                   |  |

|   |   |  |  |  |
|---|---|--|--|--|
| WEATHER (CHECK ALL THAT APPLY):<br><div><input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN<br/><input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW<br/><input type="checkbox"/> FOG <input type="checkbox"/> HAZY</div> | WATER CONDITIONS<br><div><input type="checkbox"/> CALM (waves less than 6")<br/><input type="checkbox"/> CHOPPY (waves 6"-2')<br/><input type="checkbox"/> ROUGH (waves 2'-6')<br/><input type="checkbox"/> VERY ROUGH (waves &gt;6')</div> | WIND CONDITIONS<br><div><input type="checkbox"/> NONE<br/><input type="checkbox"/> LIGHT (0-6 mph)<br/><input type="checkbox"/> MODERATE (7-14 mph)<br/><input type="checkbox"/> STRONG (15-25 mph)<br/><input type="checkbox"/> STORM (over 25 mph)</div> | TEMPERATURE  |  |
|   |   |  | VISIBILITY<br><div><input type="checkbox"/> GOOD<br/><input type="checkbox"/> FAIR<br/><input type="checkbox"/> POOR</div> | AIR<br><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> |

|   |  |   |  |
|---|--|---|--|
| TYPE OF ACCIDENT (CHECK ALL THAT APPLY):<br><div><input type="checkbox"/> CAPSIZING <input type="checkbox"/> FIRE / EXPLOSION (fuel)<br/><input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> FIRE / EXPLOSION (other than fuel)<br/><input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> FLOODING / SWAMPING<br/><input type="checkbox"/> COLLISION WITH FLOATING OBJECT <input type="checkbox"/> SINKING<br/><input type="checkbox"/> FALL OVERBOARD <input type="checkbox"/> STRUCK BY BOAT / PROPELLER<br/><input type="checkbox"/> FALL IN BOAT <input type="checkbox"/> SKIER MISHAP<br/><input type="checkbox"/> OTHER _____</div> |  | CAUSE OF ACCIDENT (CHECK ALL THAT APPLY):<br><div><input type="checkbox"/> IMPROPER LOOKOUT / INATTENTION <input type="checkbox"/> HAZARDOUS WEATHER / WATER<br/><input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> RESTRICTED VISION<br/><input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> IGNITION OF SPILLED FUEL / VAPOR<br/><input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> IMPROPER ANCHORING<br/><input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> ALCOHOL USE<br/><input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> FAILURE TO VENT<br/><input type="checkbox"/> OVERLOADING <input type="checkbox"/> OTHER _____</div> |  |
|---|--|---|--|

DESCRIBE WHAT HAPPENED AND WHAT YOU COULD HAVE DONE TO PREVENT THIS ACCIDENT  
(Explain the cause of death or injury, medical treatment, etc. Use sketch if helpful. If needed, continue description on additional paper.)

| VICTIM OR WITNESS INFORMATION   |  |                    |     |                    |  |   |   |
|---------------------------------|--|--------------------|-----|--------------------|--|---|---|
| VICTIM / WITNESS NAME & ADDRESS | VICTIM / WITNESS STATUS  | RIDING IN VESSEL # | AGE | INJURY DESCRIPTION | CAUSE OF DEATH   | COULD VICTIM SWIM?  | LIFE JACKET WORN?   |
|                                 | <input type="checkbox"/> INJURED<br><input type="checkbox"/> DEAD<br><input type="checkbox"/> WITNESS ONLY |                    |     |                    | <input type="checkbox"/> DROWNING<br><input type="checkbox"/> TRAUMA<br><input type="checkbox"/> OTHER | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                 | <input type="checkbox"/> INJURED<br><input type="checkbox"/> DEAD<br><input type="checkbox"/> WITNESS ONLY |                    |     |                    | <input type="checkbox"/> DROWNING<br><input type="checkbox"/> TRAUMA<br><input type="checkbox"/> OTHER | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                 | <input type="checkbox"/> INJURED<br><input type="checkbox"/> DEAD<br><input type="checkbox"/> WITNESS ONLY |                    |     |                    | <input type="checkbox"/> DROWNING<br><input type="checkbox"/> TRAUMA<br><input type="checkbox"/> OTHER | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                 | <input type="checkbox"/> INJURED<br><input type="checkbox"/> DEAD<br><input type="checkbox"/> WITNESS ONLY |                    |     |                    | <input type="checkbox"/> DROWNING<br><input type="checkbox"/> TRAUMA<br><input type="checkbox"/> OTHER | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

INFORMATION: OPERATOR #1

|                           |  |   |   |
|---------------------------|--|---|---|
| OPERATOR NAME AND ADDRESS | IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | OPERATOR EXPERIENCE<br><input type="checkbox"/> UNDER 10 HOURS<br><input type="checkbox"/> 10 TO 100 HOURS<br><input type="checkbox"/> OVER 100 HOURS | OPERATOR EDUCATION<br><input type="checkbox"/> AMERICAN RED CROSS<br><input type="checkbox"/> USCG AUXILIARY<br><input type="checkbox"/> US POWER SQUADRON<br><input type="checkbox"/> STATE COURSE<br><input type="checkbox"/> INFORMAL<br><input type="checkbox"/> NONE |
|                           | OWNER NAME AND ADDRESS   |   |   |
| AGE                       |  |   |   |

INFORMATION: VESSEL #1 (YOUR VESSEL)

|  |           |   |  |  |   |  |   |
|--|-----------|---|--|--|---|--|---|
| THIS VESSEL ONLY   | # INJURED | # DEAD  | ESTIMATED DAMAGE   | RENTED BOAT<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | # OF PERSONS ON BOARD   | # OF PERSONS TOWED   |   |
| BOAT NUMBER (CF OR DOC #)  |           | MFR. HULL ID #  |  | BOAT NAME  |   | LENGTH   |   |
| BOAT MANUFACTURER  |           | BOAT MODEL  |  | YEAR BUILT   | TYPE OF FUEL  | # OF ENGINES<br>HORSEPOWER   |   |
| ACTIVITY<br><input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____   |           |   | FIRE EXTINGUISHER ON BOARD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | FIRE EXTINGUISHER USED<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | LIFE JACKETS ON BOARD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | LIFE JACKETS ACCESSIBLE<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | LIFE JACKETS WORN<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| TYPE OF BOAT<br><input type="checkbox"/> OPEN MOTORBOAT<br><input type="checkbox"/> CABIN MOTORBOAT<br><input type="checkbox"/> PERSONAL WATERCRAFT<br><input type="checkbox"/> HOUSEBOAT<br><input type="checkbox"/> SAILBOAT (aux. engine)<br><input type="checkbox"/> SAILBOAT (sail only)<br><input type="checkbox"/> CANOE / KAYAK<br><input type="checkbox"/> RAFT<br><input type="checkbox"/> ROWBOAT<br><input type="checkbox"/> OTHER (specify) _____ |           | HULL MATERIAL<br><input type="checkbox"/> WOOD<br><input type="checkbox"/> ALUMINUM<br><input type="checkbox"/> FIBERGLASS<br><input type="checkbox"/> PLASTIC<br><input type="checkbox"/> RUBBER / VINYL<br><input type="checkbox"/> OTHER (specify) _____ |  | PROPULSION<br><input type="checkbox"/> OUTBOARD<br><input type="checkbox"/> INBOARD<br><input type="checkbox"/> INBOARD / OUTBOARD<br><input type="checkbox"/> JET<br><input type="checkbox"/> SAIL ONLY<br><input type="checkbox"/> PADDLE / OARS<br><input type="checkbox"/> OTHER (specify) _____ |   | OPERATION AT TIME OF ACCIDENT<br><input type="checkbox"/> CRUISING<br><input type="checkbox"/> CHANGING DIRECTION<br><input type="checkbox"/> CHANGING SPEED<br><input type="checkbox"/> TOWING SKIER / TUBER<br><input type="checkbox"/> TOWING SKIER- SKIER DOWN<br><input type="checkbox"/> TOWING ANOTHER VESSEL<br><input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL<br><input type="checkbox"/> DRIFTING<br><input type="checkbox"/> AT ANCHOR<br><input type="checkbox"/> TIED TO DOCK<br><input type="checkbox"/> LAUNCHING<br><input type="checkbox"/> DOCKING / LEAVING DOCK<br><input type="checkbox"/> SAILING<br><input type="checkbox"/> OTHER (specify) _____<br><br>SPEED _____ MPH |   |

INFORMATION: OPERATOR #2

|                           |  |   |   |
|---------------------------|--|---|---|
| OPERATOR NAME AND ADDRESS | IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | OPERATOR EXPERIENCE<br><input type="checkbox"/> UNDER 10 HOURS<br><input type="checkbox"/> 10 TO 100 HOURS<br><input type="checkbox"/> OVER 100 HOURS | OPERATOR EDUCATION<br><input type="checkbox"/> AMERICAN RED CROSS<br><input type="checkbox"/> USCG AUXILIARY<br><input type="checkbox"/> US POWER SQUADRON<br><input type="checkbox"/> STATE COURSE<br><input type="checkbox"/> INFORMAL<br><input type="checkbox"/> NONE |
|                           | OWNER NAME AND ADDRESS   |   |   |
| AGE                       |  |   |   |

INFORMATION: VESSEL #2 (OTHER VESSEL INVOLVED)

|  |           |   |  |  |   |  |   |
|--|-----------|---|--|--|---|--|---|
| THIS VESSEL ONLY   | # INJURED | # DEAD  | ESTIMATED DAMAGE \$  | RENTED BOAT<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | # OF PERSONS ON BOARD   | # OF PERSONS TOWED   |   |
| BOAT NUMBER (CF OR DOC #)  |           | MFR. HULL ID#   |  | BOAT NAME  |   | LENGTH   |   |
| BOAT MANUFACTURER  |           | BOAT MODEL  |  | YEAR BUILT   | TYPE OF FUEL  | # OF ENGINES<br>HORSEPOWER   |   |
| ACTIVITY<br><input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____   |           |   | FIRE EXTINGUISHER ON BOARD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | FIRE EXTINGUISHER USED<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | LIFE JACKETS ON BOARD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | LIFE JACKETS ACCESSIBLE<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | LIFE JACKETS WORN<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| TYPE OF BOAT<br><input type="checkbox"/> OPEN MOTORBOAT<br><input type="checkbox"/> CABIN MOTORBOAT<br><input type="checkbox"/> PERSONAL WATERCRAFT<br><input type="checkbox"/> HOUSEBOAT<br><input type="checkbox"/> SAILBOAT (aux. engine)<br><input type="checkbox"/> SAILBOAT (sail only)<br><input type="checkbox"/> CANOE / KAYAK<br><input type="checkbox"/> RAFT<br><input type="checkbox"/> ROWBOAT<br><input type="checkbox"/> OTHER (specify) _____ |           | HULL MATERIAL<br><input type="checkbox"/> WOOD<br><input type="checkbox"/> ALUMINUM<br><input type="checkbox"/> FIBERGLASS<br><input type="checkbox"/> PLASTIC<br><input type="checkbox"/> RUBBER / VINYL<br><input type="checkbox"/> OTHER (specify) _____ |  | PROPULSION<br><input type="checkbox"/> OUTBOARD<br><input type="checkbox"/> INBOARD<br><input type="checkbox"/> INBOARD / OUTBOARD<br><input type="checkbox"/> JET<br><input type="checkbox"/> SAIL ONLY<br><input type="checkbox"/> PADDLE / OARS<br><input type="checkbox"/> OTHER (specify) _____ |   | OPERATION AT TIME OF ACCIDENT<br><input type="checkbox"/> CRUISING<br><input type="checkbox"/> CHANGING DIRECTION<br><input type="checkbox"/> CHANGING SPEED<br><input type="checkbox"/> TOWING SKIER / TUBER<br><input type="checkbox"/> TOWING SKIER- SKIER DOWN<br><input type="checkbox"/> TOWING ANOTHER VESSEL<br><input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL<br><input type="checkbox"/> DRIFTING<br><input type="checkbox"/> AT ANCHOR<br><input type="checkbox"/> TIED TO DOCK<br><input type="checkbox"/> LAUNCHING<br><input type="checkbox"/> DOCKING / LEAVING DOCK<br><input type="checkbox"/> SAILING<br><input type="checkbox"/> OTHER (specify) _____<br><br>SPEED _____ MPH |   |

NAME OF PERSON COMPLETING THE REPORT \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING THE REPORT \_\_\_\_\_

QUALIFICATION OF PERSON COMPLETING REPORT  
☐ OPERATOR ☐ OWNER ☐ OTHER (specify) \_\_\_\_\_